STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155763	A. BUILDING 01 B. WING _____	01/26/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH RIDGE VILLAGE NURSING & REHAB CENTER	600 TRAIL RIDGE RD ALBION, IN 46701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/26/11 Facility Number: 011296 Provider Number: 155763 AIM Number: 200827620 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, North Ridge Village Nursing & Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 77 and had a census of 66 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 02/01/11. APPROVED 3/1/11 QA The facility was found not in compliance with the aforementioned regulatory requirements as	K 000	K 000 This plan of correction is to serve as North Ridge Village Nursing & Rehab Center's credible allegation of compliance. The creation and submission of this plan of correction does not constitute an admission of any conclusion set forth in the statement of deficiencies or any violation of regulation. RECEIVED FEB 18 2011 LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Mona T. Ruble — Administrator — 2-16-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 evidenced by the following:	K 000		
K 046 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 emergency lights was tested annually for at least a 1½ hour duration in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test shall be conducted on every required battery powered emergency lighting system annually for not less than a 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants. Findings include: Based on an observation with the Administrator, Maintenance Director and Housekeeping/Laundry Supervisor on 01/26/11 at 12:15 p.m., a battery operated emergency light was observed at the emergency generator. Based on an interview with the Maintenance Director at 11:15 a.m., there was no written record of an annual test regarding the battery operated emergency light available for review. 3.1-19(b)	K 046	K046 Our facility strives to provide the best care possible. In accordance with that policy we have addressed the following issue. I. The battery operated emergency generator light was tested immediately on 1-27-11 for one and one half hours by the maintenance director. The equipment was fully operational for the duration of the test. Written records of the visual test were recorded. No problems were noted. II. The maintenance director oversees the one and one half hour emergency light testing annually. The battery operated emergency generator light test was added to the annual one and one half hour duration log to prevent it from being missed for future testing. III. The maintenance director will report the results to the administrator annually.	
K 050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD	K 050		

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K 050	Continued From page 2 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times for 4 of 4 quarters. This deficient practice affects all occupants. Findings include: Based on review of the "Fire Drill" forms with the Maintenance Director on 01/26/11 at 10:45 a.m., all third shift fire drills took place between 11:30 p.m. and 12:30 a.m. for four of the last four quarters. Based on an interview with the Maintenance Director at the time of record review, no other documentation was available for review. 3.1-19(b) 3.1-51(c)	K 050	The administrator is responsible to monitor that the test is being conducted through the QA committee. COMPLETION DATE: 1-27-11 K050 Our facility strives to provide the best care possible. In accordance with that policy we have addressed the following issue. I. The maintenance staff was in-serviced by the administrator on 1-26-11 of the importance of staggering the times of fire drills. A third shift fire drill was performed on 2-15-11 at an unexpected time of 3:30 a.m. with no concerns noted. II. A yearly fire drill schedule was put into place by the maintenance director that clearly shows quarterly fire drills at unexpected times. This schedule is only common knowledge between the maintenance director and the administrator.	
K 061 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061		

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K 061	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 post indicator valves (PIV) and 2 of 2 water inlet valves were electronically supervised. This deficient practice affects all occupants. Findings include: Based on observation with the Administrator, Maintenance Director and Housekeeping/Laundry Supervisor on 01/26/11 at 1:05 p.m., the PIV was locked in the open position with a pad lock. No electronic tamper device was observed on the PIV. Additionally, both the water inlet valves for the wet and dry sprinkler systems were chained and padlocked with no electronic tamper device. This was acknowledged by the Maintenance Director at the time of observation. 3.1-19(b)	K 061	III. The maintenance director will report all fire drill times, for the previous month, to the QA committee overseen by the administrator. Completion Date: 2-15-11 K061 Our facility strives to provide the best care possible. In accordance with that policy we have addressed the following issue. I. In accordance to the NFPA 72, 9.7.2.1 Current Fire Protection Service installed tamper switches to 1 of 1 post indicator valves and 2 of 2 water inlet valves on 2-10-11. On 2-15-11 Nowak Supply Company installed the wire hook up to the fire panel allowing all of the above listed valves to be electronically supervised. II. The maintenance director will check and record, on a semi-annual basis, to ensure no problems exist. COMPLETION DATE: 2-15-11	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure an undetermined number of dampers were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A to protect 66 of 66 residents. LSC 9.2.1 requires air conditioning,	K 067		

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K 067	Continued From page 4 heating, ventilating ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links shall be removed; all dampers shall be opened to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all occupants. Findings include: Based on observation with the Administrator, Maintenance Director and Housekeeping/Laundry Supervisor on 01/26/11 at 1:30 p.m., dampers were observed in the ventilation duct at the corridor wall of the oxygen storage room and the corridor wall of the laundry room. Based on interview with the Maintenance Director at the time of observation, dampers are located throughout the facility in the ventilation system but the exact number was unknown. He stated the dampers have not been inspected since the building was constructed in 2006. 3.1-19(b)	K 067	K067 Our facility strives to provide the best care possible. In accordance with that policy we have addressed the following issue. I. In accordance with LSC 9.2.1. And NFPA 90A Current Fire Protection Service conducted a complete inspection of the building on 2-10-11. They found the facility to have 76 dampers. All 76 dampers were inspected. Fusible links were removed. Moving parts were inspected and found to be in working order. During that inspection they found 2 smoke dampers that needed wired and 2 fire dampers that were on the blue prints but did not exist. The wiring, installation of dampers and inspection of those dampers are scheduled for 2-23-11 to complete the inspection.	
K 144 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	II. The maintenance director oversees maintenance inspections and testing of dampers. The maintenance director and Current Fire Protection Service will schedule further, every 4 year, inspections as needed. The results of these inspections will be reported to the administrator and filed by the maintenance director.	

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K 144	Continued From page 5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 alarm annunciators for the emergency generator was provided in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows: (a) Individual visual signals shall indicate: 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. (b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate: 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all occupants. Findings include:	K 144	COMPLETION DATE: Scheduled for 2-23-11 K144 Our facility strives to provide the best care possible. In accordance with that policy we have addressed the following issue. I. In accordance with NFPA 99, 3-4.1.1.15 the annunciator panel was moved to an area readily observed by operating personnel at a regular work station. This alarm will alert any problems such mentioned in 3-4.1.1.15 a & b. It is equipped with audible and visual derangement signal and is appropriately labeled. II. The maintenance director will check and log weekly to assure no problems exist. COMPLETION DATE: 2-9-11	

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K 144	Continued From page 6 Based on an observation with Administrator, Maintenance Director and Housekeeping/Laundry Supervisor on 01/26/11 at 11:40 a.m., the generator annunciator panel was located in the maintenance shop. This location was not continuously occupied by staff personnel. This was acknowledged by the Maintenance Director at the time of observation. 3.1-19(b)	K 144		